UK-Japan SWAN (Understanding the pictures of Social connections and Well-being across Ageing Nations)

Method Symposium Session 1: What is UK-Japan SWAN? How will it help your research in social relationships and health?

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What is UK-Japan SWAN project all about?

- An ESRC funded partnership project, started January 2019
- To strengthen UK-Japan partnerships by enhancing existing, and identifying new partnerships, between these countries
- To facilitate a series of knowledge exchange opportunities.

What is UK-Japan SWAN project all about?

- Social relationships- a fundamental desire to form a relationship
- Integration vs Isolation – For the case of loneliness, well linked to health and well-being
- Cultural contextual meanings of social relationships ie kinship vs friendship – need to explore in detail using existing data from each country
- Today's social demography- ageing, never married, solo living need to be explored.

Who are the project member?

UK

- Tarani Chandola (University of Manchester)
- Urszula Tymoszuk (Centre for Performance Science, Royal College of Music and Imperial College London)
- Brian Beach (ILC UK)

Japan

- Kaori Honjo (Osaka Medical University)
- Hideki Hashimoto (University of Tokyo)

What UK-Japan SWAN project will deliver?:

- Website established
  - www.soccah-net.org
    - Linking up with MailChimp and Q&A forum to collate a list of interested members.
    - Twitter account @SOCCAH_network
  - Documentation
- Collate variables
- Method symposium:
  - Nov 2019 in Japan
  - Nov 2020 in UK (virtual)
- Policy Seminar: 9 December 2020 (Virtual)

Outline: How UK-Japan can help our work?

- Resources
- Culture

1.Resource available to study social and cultural participation and wellbeing in ageing cohorts in the UK and Japan

Datasets: Ageing

- English Longitudinal Study of Ageing (ELSA)
  - Launched 2002, targeting aged 50+ independently living individuals in England. Data collected every 2-year, odd waves contain nurse visit (i.e. biomarker) data.
  - Rich information on social networks, social support as well as household composition
  - 8 waves of data available.
  - Sub-study of COVID datasets available via: https://beta.ukdataservice.ac.uk/datacatalogue/studies/study?id=8688
- Japanese Study of Aging and Retirement (JSTAR)
  - Designed to be comparable with ELSA and SHARE.
  - Launched in 2007, targeting aged 50+ independently living individuals in Japan, data collected every 2 year, up to 4 waves available

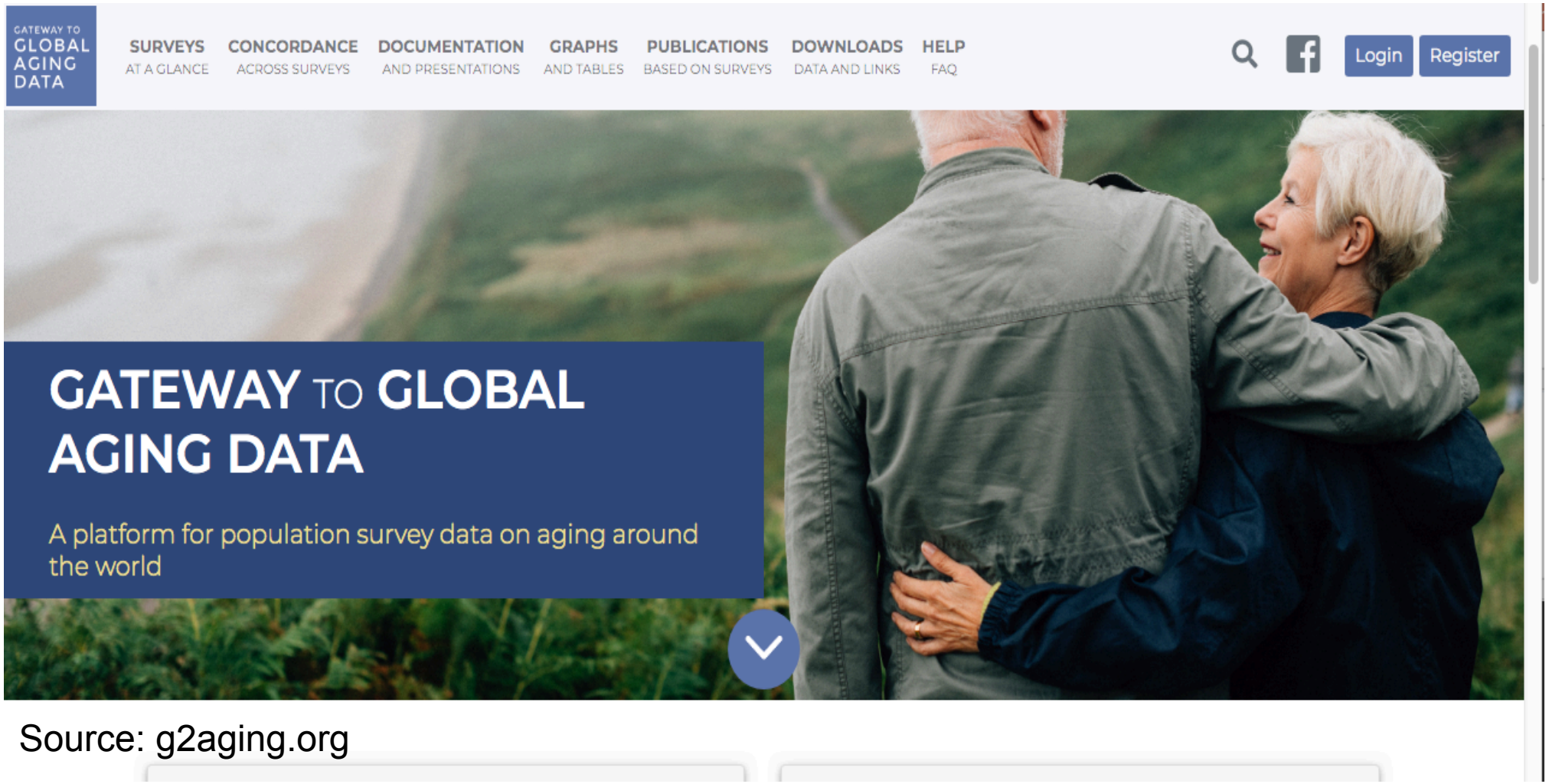
Datasets: Family

- UK Household Longitudinal Study (UKHLS)
  - Launched on 2009, targeting aged 16+ adults in 40,000 households in the UK (100,000 individuals), children's (aged 10-15) data collected separately
  - Data collected annually. Wave 10 data should be released soon.
- Japanese Study on Stratification, Health, Income, and Neighborhood (JSHINE)
  - Adults, aged 25–50 years, probabilistically selected from Tokyo metropolitan areas (2) and neighboring prefectures (2)
  - Spouse and children were separately invited to participate the study
  - Launched 2010, W2 collected 2012

Data accessibility

- ELSA and UKHLS
  - Accessible via UK data services upon registration, even from non-UK countries
- JSTAR
  - Accessible upon application to RIETI
- JSHINE
  - Accessible upon application to the PI (Hashimoto, University of Tokyo)

Gateway to Global Aging Data

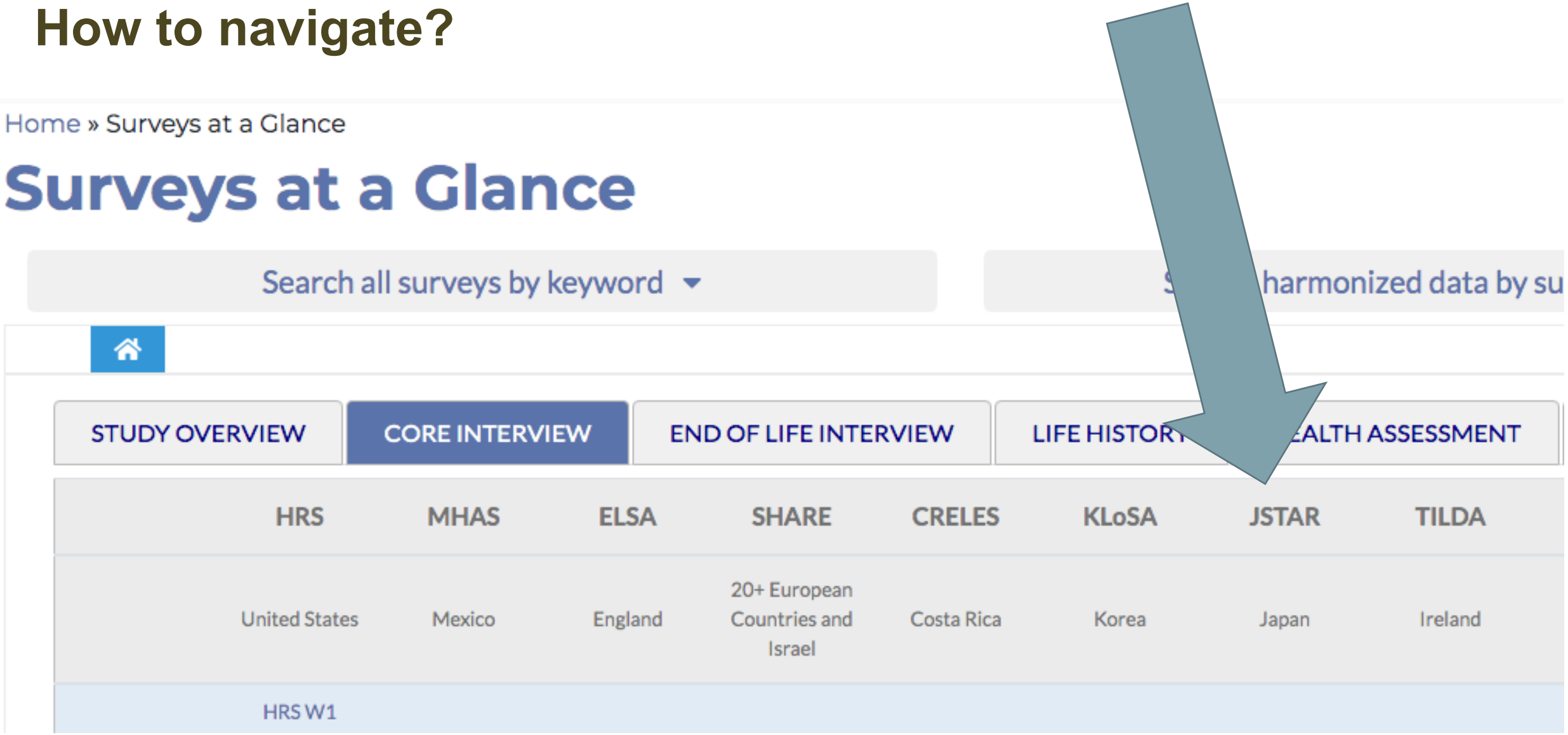


Source: g2aging.org

Gateway to Global Aging Data: What is it?

- A platform for population-based ageing data across the world (NIA)
- Studies harmonised
  - HRS
  - MHAS
  - ELSA
  - SHARE
  - CRELES
  - KLoSA
  - JSTAR
  - TILDA
  - CHARLS
  - LASI

How to navigate?



Comparability: Survey year

2006-07	HRS W8		ELSA W3	SHARE W2	CRELES W2	KLoSA W1	JSTAR W1		
2008-09	HRS W9		ELSA W4		CRELES W3	KLoSA W2	JSTAR W2		
2010-11	HRS W10		ELSA W5	SHARE W4	CRELES W4	KLoSA W3	JSTAR W3	TILDA W1	CHARLS W1
2012-13	HRS W11	MHAS W3	ELSA W6	SHARE W5	CRELES W5	KLoSA W4	JSTAR W4	TILDA W2	CHARLS W2
2014-15	HRS W12 UAS HRS W1	MHAS W4	ELSA W7	SHARE W6		KLoSA W5		TILDA W3	CHARLS W4

Comparability: Data are already harmonised

All Surveys	Harmonized HRS RAND HRS Family	Harmonized MHAS	Harmonized ELSA	Harmonized SHARE	Harmonized CRELES	Harmonized KLoSA	Harmonized JSTAR	Harmonized TILDA	Harmonized CHARLS	Harmonized LASI

Survey modules (9) | Flowchart

name
Section A: Demographics, Identifiers, and Weights
Section B: Health
Section C: Health Care Utilization and Insurance
Section D: Cognition
Section E: Financial and Housing Wealth
Section F: Income
Section G: Family Structure
Section H: Employment History
Section I: Retirement Plans, Expectations

- Can look variable names
- Harmonisation is documented
  - Codebook downloadable upon registration to the site.

What can we use?

- Health
  - ADL
  - IADL
  - CES-D, i.e. depression
  - Health conditions, hypertension, diabetes, cancer, lung disease, heart problems, stroke, mental illness, arthritis, dementia ulcers,
  - BMI.
  - Exercise
  - Drinking alcohol
  - Smoking
- Cognition

- Family
  - Parents alive
  - Current or Age of death – parents
  - Numbers of living children
  - Numbers of people in the household

Access to the harmonised data

Core Interview Data | End of Life Data | Life History Data

	HRS	MHAS	ELSA	SHARE	CRELES	KLoSA	JSTAR	TILDA	CHARLS	LASI
	United States	Mexico	England	20+ European Countries & Israel	Costa Rica	Korea	Japan	Ireland	China	India
Links to Download Survey Data	ISR, The University of Michigan	University of Texas, Medical Branch	UK Data Service	Munich Center for the Economics of Aging	Costa Rican Longevity and Healthy Aging Study	Korea Employment Information Service	Research Institute of Economy, Trade, & Industry	Irish Social Science Data Archive	National School of Development, Peking University	Program on Global Aging, Health, and Policy
Download Harmonized Dataset	RAND HRS Harmonized HRS	Harmonized MHAS	Harmonized ELSA	[See Stata code below]	Harmonized CRELES	[See Stata code below]	Harmonized JSTAR	Harmonized TILDA	Harmonized CHARLS	Harmonized LASI
Download Harmonized Codebook	RAND HRS Codebook Harmonized HRS Codebook	Harmonized MHAS Codebook	Harmonized ELSA Codebook	Harmonized SHARE Codebook	Harmonized CRELES Codebook	Harmonized KLoSA Codebook	Harmonized JSTAR Codebook	Harmonized TILDA Codebook	Harmonized CHARLS Codebook	Harmonized LASI Codebook
Create Harmonized Data*	RAND HRS SAS Code Harmonized HRS Stata Code	Harmonized MHAS Stata Code	Harmonized ELSA Stata Code	Harmonized SHARE Stata Code	Harmonized CRELES Stata Code	Harmonized KLoSA Stata Code	Harmonized JSTAR Stata Code	Harmonized TILDA Stata Code	Harmonized CHARLS Stata Code	Harmonized LASI Stata Code

References for comparability:

Home » Documentation

Documentation

Please cite all information retrieved from the Gateway as follows: Gateway to Global Aging Data, Produced by the Program on Global Aging, Health & Policy, University of Southern California with funding from National Institute on Aging (R01 AG030153)

WORKING PAPER SERIES ON CROSS-COUNTRY COMPARABILITY

Chronic Conditions	Financial Transfers	Expectations	Employment Retirement
Income	Wealth	Cognition	Health Behavior
Informal Care	Household Expenditure	Health Care Utilization & Expenditure	Stress
Physical & Anthropometric Measurement	Study Descriptions		

Variables: ELSA vs JSTAR

- Social network related

ELSA w3 (2006)	JSTAR w1 (2007)
-Household members: Relationships to the core member -> Able to identify cohabiting family members -Presence of parents, siblings, grandchildren -Frequency of contacts by type (phone, mail, face to face) with non-cohabiting children, relatives, friends -	Family: Spouse, children up to 8. Parents (own and spouse's) - living together or not Frequencies of communicating with each family member

*Harmonisable by:

Focusing on family members in the household only.

Looking into the overlap and difference between 'communication' in UK and 'contact' in Japanese

- Social support related

ELSA (w3)	JSTAR(w1)
Positive vs negative aspects of social support from partner, children, or family members and friends. -Understanding you -Able to rely on with a serious problem -Criticising you -Letting down -Getting on nerves -Closeness to partner -Size of close children, family members, friends. -Provision of informal care to family members (able to specify the member)	-Likelihood of receiving emotional support from: spouse, cohabiting family members, non-cohabiting children or other relatives, neighbours/friends/ acquaintance -Likelihood of receiving practical support from those above -Likelihood of providing emotional support to those listed above -Likelihood of providing practical support to those listed above -Partner satisfaction -Provision of informal care to parents and parents in laws (= who is providing care to those)

Harmonisable:

Focusing on the quality of receiving positive emotional support from each source.

Provision of informal care

Partner satisfaction: (Closeness vs satisfaction needs to be explained from the cultural perspectives

Variables: UKHLS vs. JSHINE

UKHLS (W2)	JSHINE(w1)
Household – members. Relationships of members, marital status, family size Frequency of contacts – family and friends, neighbours Closeness to friends, duration of knowing the person(s), likeness, activities together Social participation	Household – members & relationships, family size, marital status Network (exc. Family) – size by gender, likeness Neighbourhood exchange- levels and size of people. Social participation + likeness of members

UKHLS (W2 2010)	JSHINE(w1 2010)
Received social support – emotional and practical Negative aspects of social support – gets nerve, criticise Positive aspects – understand, relying on	Providing and received social support Negative aspect – gets on nerve, demanding Neighbourhood safety, trust, cohesion

Another Japanese ageing cohort: Japan Gerontological Evaluation Study (JAGES)

- Baseline started 2010, 30+ municipals, N=100,000
  - Targeted aged 65+ and older, independently living
  - Data have been collected via a postal survey, every three years
  - Semi-closed data, application is needed. Able to handle application in English
  - For more info: https://www.jages.net/

ELSA and JAGES: Social isolation & loneliness

- Tsuji et al. (2020). Change in the prevalence of social isolation among the older population from 2010 to 2016. Archives of Gerontology and Geriatrics https://doi.org/10.1016/j.archger.2020.104237
  - Social isolation index: not married, not living with children, not receiving social support, limited face to face contact with friends, no social participation
  - Also by Ikeda et al. https://doi.org/10.2188/jea.JE20200138
- Saito T et al. (2019). Validating study on a Japanese version of the three-item UCLA loneliness Scale among community-dwelling older adults. Geriatric & Gerontology International. doi: 10.1111/ggi.13758
  - Respectable reliability and convergent validity

2. But are we all same: Culture

Possible gender differences in social relationships: A research example by Furher & Stansfeld (SSM 2002)

- Using the WII study participants
- 'Close person Questionnaire' was used to measure participants' social support
  - Ask who are emotionally close (i.e. confidant)
    - –nominate 4 people
- Women – can draw support from each source
  - Men tend to rely on the closest
- Men – likely to nominate their spouse as the closest confidant

Possible gender differences in social relationships: A research example by Cable, Bartley, Chandola, Sacker (JECH 2013)

- Used 1958 British Cohort Study
  - Social network size (family and friends) collected at the Biomed Survey
  - Psychological well-being at age 50
  - Men: Friends and family
  - Women: Friends only
  - Larger networks = better psychological well-being, zero networks hurts most
- http://dx.doi.org/10.1136/jech-2012-201113

Social relationships and health: Roles of culture in construction of self

- European/Western vs. East Asians including Japanese
  - Self enhancement and self criticism (Kitamura et al. 1997)
  - Independence (West) and interdependence (East) (Kitamura & Markus 1991) (Kitamura & Salvador, 2017)
- Independence: Self as autonomous, independent from social contact
- Interdependence: Social relations are an important aspect of self

Culture and relationships: Western vs. East Asian

- Campos (2015): Culture = determinants of health via behaviours, attitudes, influenced by people who share the same values, i.e. social influence/control.
- Independence -> Be able to meet own preference
- Interdependence –> How preference and needs of significant others play in individual life/life events

Three ways of expressing emotions: US, Latino and East Asians (Campos, 2015)

- US – Independent thinking, valuing interpersonal reflection of self
- Latino – interdependent with significant others, valuing positive expression
- East Asian – interdependent with significant others, valuing low arousal of emotion

4 possible roles of culture for health (Campos 2015)

- Difference between groups exist, but the associations between factors and health are the same
  - May not be for some social relationships.
- Moderation: Associations between factors and health are different in some culture
  - Country specific policy e.g. Tabacco tax, social isolation and smoking status (Ikeda et al., 2020)
  - Japanese traditional 'ie' system unfavourable to married women
- Mediation: Associations between factors and health are mediated
- Uniqueness – generating new knowledge that is unknown.
  - Showing the model difference

Summary:

- We are in a fortunate position to conduct cross-national work in examining social relationships and health
  - Data
  - Harmonised variables, i.e. ELSA & JSTAR
  - Research application of social isolation and loneliness
- Gender and culture
  - Possible gender differences
  - Independence (Western) vs. Interdependence (Eastern)
  - Depending on the conceptualisation of culture in the model

Next questions to be explored and answered:

- How do we empirically ascertain the measurements used in different culture? – Tarani Chandola (16 November)
- What could go wrong? What are pitfalls? – Hideki Hashimoto (23 November)
- Research examples after critiquing existing social relationships work – Ula Tymoszuk (30 November)

Announcement: Virtual policy seminar, 9 December 2020, 10-4pm

- Jointly hosted by the ILC-UK
  - To identify the agenda relevance to social relationships and health among older adults
    - Break out sessions
  - To formulate partnership with mutual interests
  - E-mail at: n.cable@ucl.ac.uk for detail
  - Few places still available & for registration visit: https://ilcuk.org.uk/virtual-policy-event-swan-understanding-social-relationships-in-japan-and-the-uk/

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- ESRC
- Chris Garrington
- Brian Beach
- Advisory board: Mel Bartley, Amanda Sacker, Aaron Williamon, Morten Wahrendorf

Any questions?

Ask away @SOCCAH_network @nkcable
or at www.soccah-net.org

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